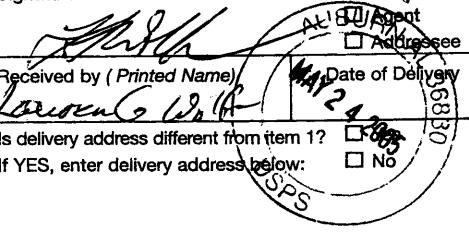


Eiland

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 			
1. Article Addressed to: Dr. Lauren Wolfe 2231 Longwood Drive Auburn, AL 36830		A. Signature  <input checked="" type="checkbox"/> At Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) Lauren Wolfe <i>May 21 2005</i> Date of Delivery 	
		C. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes	
		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.			
3:05cv459 (cmplsumms 2005) 2. Article Number (Transfer from service label) 7005 0390 0061 0089 6583		Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	